

Subpart I – Exhibits

Part 600 – Federal Grants and Cooperative Agreements

600.200

FINANCIAL STATUS REPORT (Long Form)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency		OMB Approval No	Page	of
3. Recipient Organization (Name and complete address, including ZIP Code)						
4. Employer Identification Number		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)		To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)		To: (Month, Day, Year)	
10. Transactions		Previously Reported	This Period	III Cumulative		
a. Total outlays						
b. Refunds, rebates, etc.						
c. Program income used in accordance with the matching or cost sharing alternative						
d. Net outlays (Line a, less the sum of lines b and c)						
e. Third party (in-kind) contributions						
f. Other Federal awards authorized to be used to match this award						
g. Program income used in accordance with the matching or cost sharing alternative						
h. All other recipient outlays not shown on lines e, f, or g						
i. Total recipient share of net outlays (Sum of lines e, f, g and h)						
j. Federal share of net outlays (line d less line i)						
k. Total unliquidated obligations						
l. Recipient's share of unliquidated obligations						
m. Federal share of unliquidated obligations						
n. Total Federal share (sum of lines j and m)						
o. Total Federal funds authorized for this funding period						
p. Unobligated balance of Federal funds (line o minus line n)						
q. Disbursed program income shown on lines c and/or g above						
r. Disbursed program income using the addition alternative						
s. Undisbursed program income						
t. Total program income realized (Sum of lines q, r and s)						
11. INDIRECT EXPENSE		A. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
		b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title				Telephone (Area code, number and extension)		
Signature of Authorized Certifying Official				Date Report Submitted		

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Standard Form 269 (Rev 7-97)
Prescribed by OMB Circulars A-102 and A-110

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Exhibits 600.200-1